

CITY OF HALLANDALE BEACH Building Division

CHANGE OF PLAN APPLICATION

Master Permit #:

Revision #:

Submittal Date:

| | | |
|-------------------|---|-----------------|
| Job Address: | City: | County: |
| Job Name: | | |
| Contracting Co.: | Phone: | Email: |
| Company Address: | City: | State: Zip: |
| Qualifier's Name: | Owner-Builder: <input type="checkbox"/> | License Number: |

This revision affects the following disciplines*: Applicant to check all that apply

☐ Building
 ☐ Electrical
 ☐ Plumbing
 ☐ Mechanical
 ☐ Roofing
 ☐ Fuel Gas
☐ Fire Dept.
 ☐ Planning & Zoning
 ☐ Public Works

If these revisions represent a change in the scope of work, what is the increase in job valuation? \$

* Please note that a plans examiner has the authority to modify required reviews based upon examination of the plans submitted for revision.

Provide a brief description of what is being revised

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Note: Plans must have revisions clouded-in and properly numbered in the title block

Applicant please read carefully:

Application is hereby made for plan revision as indicated herein. I certify that all information is accurate. I understand that only the review disciplines indicated will review my plans. I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays.

X _____
Signature of Contractor of Record

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

For City Use Only:

| | | |
|---|---------------------|--------------|
| Authorized Representative Signatures | Structural: | Date: |
| | Mechanical: | Date: |
| | Electrical: | Date: |
| | Plumbing: | Date: |
| | Engineering: | Date: |
| | Zoning: | Date: |
| | Fire: | Date: |
| Conditions | | |

APPROVED BY: _____ **Permit Officer** **Issue Date:** _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.